Disclosure Re	port Cover					Yes No
	neral report and committee	informatio	n, must be sign	ned and subr	nitted along with ot	her detailed forms.
	to update information					
1. Committee Infor	mation					
a. Full Name	RE-ELECT TOM F MAR	7				c. ID Number
COMMITTEE TO	RE-ELECT TOM F MAR	N.				
b. Mailing Address (incl	ude City, State and Zip Code)					d. Date Filed
5504 BLACBBEAR	RD LN,		RECE	• • •		10/10/2013
NEW BERN, NC, 2	8560		LLUE	VED OCT	100	
					2013	e. Phone Number
						(252) 635-6448
a D	25.10.15		4. Period End	Date	2	T-AAAA
2. Report Year	3. Period Start Date (mm	/aa/vvi	(mm/dd/yy)		5. Treasurer Full	
2013	10/10/2013				WILFRED R CHA	AGNON
6. Type of Committ			of Report		ly one type of report	
Candidate Campa	· = ·	Municipa		State/Co		Referendum
PAC Independent	Referendum		Organizational		Organizational	Organizational
Expenditure	Joint Fundraiser	П Т	hirty-five day		Quarterly	Pre-referendum
Legal Expense Fu					~	
7. Type of Fund "Booster Fund"	(if applicable, check one)	- =	re-primary	ᅵ님	First	Final
Building Fund			re-election re-runoff		Second Third	Supplemental Final Annual
Building I and			emi-annual	ΙH	Fourth	Special
			Mid Year	S	Semi-annual	
Other:			Year End		Mid Year	10. Special Report Name
		F	inal		Year End	
			manial		211	
8. Number of Fund	raisers this Report	\bot \sqcup s	pecial		Final	
	0	S			Special	
11. Account Inform	o ation		11.	. Account I	pecial nformation	
11. Account Inform a. Financial Institution I	o ation		11.	. Account I	Special	
11. Account Inform a. Financial Institution I BB&T	0 nation Full Name	S	11. a. F	. Account I	pecial nformation	c. Account Code
11. Account Inform a. Financial Institution I	o ation	S S	11. a. F	. Account I	pecial nformation	c. Account Code
11. Account Inform a. Financial Institution I BB&T b. Purpose CAMPAIGN	0 nation Full Name	1	11. a. F	. Account I	pecial nformation	c. Account Code
11. Account Inform a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT	0 nation Full Name c. Account Code	1	11. a. F	. Account I	pecial nformation	c. Account Code
11. Account Inform a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS	0 nation Full Name	1	11. a. F	. Account I	pecial nformation	c. Account Code d. Period Begin Balance
11. Account Inform a. Financial Institution II BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND	0 nation Full Name c. Account Code	1	11. a. F	. Account I	pecial nformation	
11. Account Inform a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES	0 ation Full Name c. Account Code d. Period Begin Balar	1	11. a. F	. Account I	pecial nformation	d. Period Begin Balance
a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION	c. Account Code d. Period Begin Balar \$ 7.51	1 1 cce	11. a. F b. F	. Account I	nformation tution Full Name	d. Period Begin Balance
11. Account Inform a. Financial Institution In BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Com	c. Account Code d. Period Begin Balar \$ 7.51	1 lice	b. I	Account Insti	nformation tution Full Name	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of
a. Financial Institution In BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General State	c. Account Code d. Period Begin Balar \$ 7.51	1 ce oliance with commingled	all applicable d with prohibite	Account Insti	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance
a. Financial Institution In BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Status is complete, true and	c. Account Code d. Period Begin Balar \$ 7.51 mmittee or Fund is in computes and that no funds are all correct and that I have be R CHAGNON	1 ce oliance with commingled	all applicable d with prohibite	Account Insti	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of
a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Status is complete, true and WILFRED	c. Account Code d. Period Begin Balar \$ 7.51 mmittee or Fund is in computes and that no funds are correct and that I have be R CHAGNON Printed Name of Signer	1 ce oliance with commingled	all applicable d with prohibite by the NG State	Account Insti	of Article 22A, 22B, non-disclosed funds.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report
a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Status is complete, true and WILFRED FOR OFFICE USE O	c. Account Code d. Period Begin Balar \$ 7.51 mmittee or Fund is in computes and that no funds are correct and that I have be R CHAGNON Printed Name of Signer	1 ce oliance with commingled	all applicable d with prohibite by the NG State	Purpose provisions of the Board of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 10/10/2013 Date
a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Status is complete, true and WILFRED	c. Account Code d. Period Begin Balar \$ 7.51 mmittee or Fund is in computes and that no funds are correct and that I have be R CHAGNON Printed Name of Signer	oliance with commingleden trained b	all applicable d with prohibite by the NG State	Purpose provisions of the Board of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 10/10/2013 Date Delivery Method
a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Status is complete, true and WILFRED FOR OFFICE USE O Date Received:	c. Account Code d. Period Begin Balar \$ 7.51 mmittee or Fund is in computes and that no funds are a correct and that I have be R CHAGNON Printed Name of Signer ONLY	oliance with commingled en trained b	all applicable d with prohibite by the NG State Signature	Purpose provisions of the Board of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 10/10/2013 Date
a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Status is complete, true and WILFRED FOR OFFICE USE O	c. Account Code d. Period Begin Balar \$ 7.51 mmittee or Fund is in computes and that no funds are a correct and that I have be R CHAGNON Printed Name of Signer ONLY	oliance with commingled en trained b	all applicable d with prohibite by the NG State	Purpose provisions of the Board of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance \$ 22D-22M of Chapter 163 of I further certify that this report 10/10/2013 Date Delivery Method Normal Mail Registered Mail Hand Delivered
a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Status is complete, true and WILFRED FOR OFFICE USE O Date Received:	c. Account Code d. Period Begin Balar \$ 7.51 mmittee or Fund is in computes and that no funds are a correct and that I have be R CHAGNON Printed Name of Signer ONLY	oliance with commingled en trained b	all applicable d with prohibite by the NG State Signature	Purpose provisions of the Board of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 10/10/2013 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Status is complete, true and WILFRED FOR OFFICE USE O Date Received: Date Postmarked	c. Account Code d. Period Begin Balar \$ 7.51 mmittee or Fund is in computes and that no funds are a correct and that I have be R CHAGNON Printed Name of Signer ONLY OLOJIS d:	oliance with commingled en trained b	all applicable of the NG State Signate Employee: Employee:	Purpose provisions of the Board of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 10/10/2013 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Status is complete, true and WILFRED FOR OFFICE USE O Date Postmarked	c. Account Code d. Period Begin Balar \$ 7.51 mmittee or Fund is in computes and that no funds are a correct and that I have be R CHAGNON Printed Name of Signer ONLY OLOJIS d:	oliance with commingled en trained b	all applicable d with prohibite by the NG State Signature Employee:	Purpose provisions of the Board of E	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 10/10/2013 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Status is complete, true and WILFRED FOR OFFICE USE O Date Received: Date Postmarked Date Scanned: Date Data Entered	c. Account Code d. Period Begin Balar \$ 7.51 mmittee or Fund is in computes and that no funds are a correct and that I have be R CHAGNON Printed Name of Signer DNLY O O 3 d: ed:	l l l l l l l l l l l l l l l l l l l	all applicable d with prohibite by the NG State Signate Employee: Employee:	Purpose provisions of the Board of Eure of Appoints	of Article 22A, 22B, non-disclosed funds. lections.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 10/10/2013 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training
a. Financial Institution I BB&T b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES CERTIFICATION I certify that the Conthe NC General Status is complete, true and WILFRED FOR OFFICE USE O Date Received: Date Postmarked Date Scanned: Date Data Entered	c. Account Code d. Period Begin Balar \$ 7.51 mmittee or Fund is in computes and that no funds are a correct and that I have be R CHAGNON Printed Name of Signer ONLY O O 3 d: ed: ed:	l l l l l l l l l l l l l l l l l l l	all applicable d with prohibite by the NG State Signate Employee: Employee:	provisions of ed or other in Board of E	of Article 22A, 22B, non-disclosed funds. lections. Treasurer	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 10/10/2013 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received

Amendment

Amendment ☐ Yes No No

Detailed Summary Use this form to summarize all disclosure report	rting forms and to total mo	natawy information	Yes No
1. Committee Full Name (and Fund if applic			3. ID Number
COMMITTEE TO RE-ELECTION		Yizua (
Start of Election Cycle: January 1		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 7,51	√ \$ 7,51
RECEIPTS			
5) Aggregated Contributions from Individual	uals (CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ RECEIVE	D n&T 10 2000
7) Contributions from Political Party Com	mittees (CRO-1220)	\$	\$ 10 2013
8) Contributions from Other Political Com	umittees (CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 1000,00	√ \$ 1000,00
10) Refunds/Reimbursements to the Commi	ttee (CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit (Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Source	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9	,10,11a,11b,11c,11d and 11e)	\$ 1000,00	\$ 1000,00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Politica	al Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Com	mittee (CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 t	ogether, then subtract line 18)	\$ 1007,5	1 \$ 1007,51
ADDITIONAL INFORMATION		Γ.	
20) Non-Monetary Gifts Given to Other Co		\$	
21) Outstanding Loans (incl. ones from othe		\$	
22) Debts and Obligations owed by the Com		\$	
23) Debts and Obligations owed to the Com		\$	
24) Account Transfers Within the Committee		\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Pg / of /	
	Pg / of /

	Amendment						
Pg	 of	<u>/_</u>		Yes	\boxtimes	No	

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Na					2. I	D Numb	oer
COMMITTEE TO RE							
3. Lender Informatio	on .		Add				Remove
a. Full Name, Mailing Add			b. Job Title/Profess	sion			d. Comments
(include city, state, & zij			RETIRED				
TOM F MARK							
5504 BLACKBEARD	LANE ,						e. Start Date (mm/dd/yyyy)
NEW BERN, NC, 285	/		c. Employer Siyam	re/Specific Field			
To be the second second	V		WE CE	IVED OCT	10	2013	10/10/2013
			c. Employer Mamo Specific Field Insuran Cl			2010	f. End Date (mm/dd/yyyy)
			Theu	MAC	0		1 1111
			- 1 DU	yur , u		_	
g. Rate	h. Security Pledged		i. Account Code	j. Form of Pay	yment	t	k. Amount
0/	-		. /			_	* 1000 00 /
%			1	CHECK	1	/	\$ 1,000.00
I. Full Name of Lending In	stitution				\neg	m. Loan	Number
				-			
						ĺ	
4. Endorsers/Makers	(The people	who guarantee the	e loan)				
a. Full Name, Mailing Add			b. Job Title/Prof	fession		e Emple	oyer's Name/Specific Field
(include city, state, & zig			0.000 1		-	C. Diap.	yet s name/openie z e.
	2)					1	/
					J	ĺ	/
					1	ĺ	
			d. Percentage		\rightarrow	e. Amou	int
			J				
				O	%	\$	
a. Full Name, Mailing Add	dess f. Dhone	 	b. Job Title/Prof	f- rain a	\longrightarrow	- Emple	oyer's Name/Specific Field
(include city, state, & zip			D. JOD THIC/FIOL	ession	\longrightarrow	C. Ellipio	yer's Name/Specific Field
(Include City, State, & Zij	ę)		\dashv			1	
					-	1	
			d. Percentage		\rightarrow	e. Amou	ent
			u. I ci ceiimge		\rightarrow	C. / HII.OC.	
				¢	%	\$	
- E.II Nama Mailing Add	3 0 Dhana	-	1 Jah Tidle/Due/		\longrightarrow	Family	· Name (Caralina Bigla
a. Full Name, Mailing Add			b. Job Title/Prof	ession	\longrightarrow	c. Emplo	oyer's Name/Specific Field
(include city, state, & zip	p)		_		J	ĺ	
					J	1	
					1	ĺ	
			d. Percentage		\longrightarrow	e. Amou	unt .
			u. I el centage		\longrightarrow	t. Amou	III.
				c	%	\$	
- E. Il Nama Mailing Add) 0 DL		. T. I. W.A. /D /	•	\longrightarrow	T 1	
a. Full Name, Mailing Add			b. Job Title/Prof	ession	\longrightarrow	c. Emplo	oyer's Name/Specific Field
(include city, state, & zip	p)				J	ĺ	
						ĺ	
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			J. D. vocantomo		\rightarrow	- A	-
			d. Percentage		$\overline{}$	e. Amoui	nt
				σ	%	\$	
					, ,	<u> </u>	
5. Total of ALL C	RO-1410 Pages	15.54.				· ·	1 000 00
(This line must be on line	e 9 of Detailed Summary	Page CRO-1100	9			\$	1,000.00

Outstanding Loans

				Ame	Amenument		
Pg	<u>1</u>	of	1		Yes 🔀	No	

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Na	2. ID Number			
COMMITTEE TO RI	E-ELECT TOM F MARK	K		,
3. Lender Informatio	on Carlo	Add	Remove	
a. Full Name, Mailing Add		······································	Title/Profession	d. Comments
(include city, state, & zi		RETH		di comment
TOM F MARK			INSULANCE	
5504 BLACKBEARD	D LANE /		THISUPPINCE	e. Start Date (mm/dd/yyyy)
NEW BERN, NC, 283	560	c. Emple	oyer's Name/Specific Field	10/10/2013
			Para -	10/10/2013
			RECEIVED OCT 1 0 2013	f. End Date (mm/dd/yyyy)
			-5 OCT TO 2013	
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
%	•			
			\$ 1000 🗸	\$ 1000
k. Full Name of Lending In	nstitution		NAME OF THE OWNER OWNER OF THE OWNER OWNE	I. Loan Number
3. Lender Informatio	n diameter 🖸 🎎	Add	☐ Remove	
a. Full Name, Mailing Add	Iress & Phone		Title/Profession	d. Comments
(include city, state, & zip	p)			
	9			e. Start Date (mm/dd/yyyy)
		c. Emplo	oyer's Name/Specific Field	
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
%			\$	\$
k. Full Name of Lending Ir	nstitution			I. Loan Number
				I. LUAN NUMBER
3. Lender Information		Add	☐ Remove	
a. Full Name, Mailing Add		b. Job T	itle/Profession	d. Comments
(include city, state, & zip	2)			
				2 -2 - 2 - 1221
		a Emple		e. Start Date (mm/dd/yyyy)
		c. Empio	oyer's Name/Specific Field	-
				f. End Date (mm/dd/yyyy)
				i Did Date (min co. jjjj)
~ Data	L Comite Dialord		T	
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
%			\$	\$
k. Full Name of Lending In	stitution			l. Loan Number
				/
4. Total only this Page 5. Total of ALL CRO				\$ 1000.00 ✓
*	-1430 Pages 221 of Detailed Summary Page	e CRO-1100)		\$ 1000.00